
Report of the Commissioner of Community and Health Services

Long-Term Care Transformation: Health Canada's Consultation on a *Safe Long-Term Care Act* and Implementation of National Standards

1. Recommendation

1. Council, in its role as Committee of Management for the Region's two long-term care homes, endorse the submission made by staff to the Home and Long-Term Care Unit of Health Canada, attached to this report as Appendix A, in response to Health Canada's request for input on the development of a federal *Safe Long-Term Care Act*.
2. The Regional Clerk circulate this report to York Region Members of Provincial Parliament and Members of Parliament, Minister of Long-Term Care, Minister of Health, Minister of Seniors and Accessibility, Ontario Health Central Region, Home and Community Care Support Services Central, Ontario Health Teams in York Region, AdvantAge Ontario, Ontario Long-Term Care Association and the Association of Municipalities of Ontario.

2. Purpose

As part of its obligations as the Committee of Management under the *Fixing Long-Term Care Act, 2021*, Council needs to be informed of: (1) The Regional Municipality of York's obligations as the 'licensee' of York Region's two long-term care homes, Newmarket Health Centre and Maple Health Centre (the Homes), and (2) any legislative or regulatory changes impacting the Region's Homes.

This report requests Council endorsement of the submission, Appendix A, made by staff as part of the federal government (Health Canada) consultations to inform the development of a *Safe Long-Term Care Act* ([July 2023](#)). Obtaining Council's endorsement prior to submission was not possible due to the consultation deadlines.

Key Points:

- On July 21, 2023, Health Canada released a public online [consultation](#) to inform the development of a federal *Safe Long-Term Care Act*, with feedback due by September 21, 2023. A *Safe Long-Term Care Act* could provide a pan-Canadian vision and principles for the safe operation and delivery of care in long-term care homes to reflect the new national standards and encourage provinces and territories to adopt the standards ([Discussion Paper](#))
- Staff provided a submission to Health Canada containing 16 recommendations for consideration in the development of federal long-term care legislation (See [Appendix A](#))
- National legislation that reflects the new national standards ([CAN/HSO 21001:2023 Long-Term Care Services](#) and [CSA Z8004:22 Long-Term Care Home Operations and Infection Prevention and Control](#)) may create additional operational requirements, staffing needs, capital expenditures and accountability measures for the Committee of Management and staff
- Health Canada has been informed Council will be reviewing the Region's submission ([Appendix A](#)) and any additional commentary Council provides will be forwarded to Health Canada

3. Background

The federal government is placing a renewed focus on long-term care in light of ongoing challenges faced by the sector, which have been exacerbated by the pandemic

In the [September 2020 Throne Speech](#), the Right Honourable Julie Payette, Governor General of Canada, announced the federal government would work with the provinces and territories to set new national standards for long-term care so seniors get the best support possible.

In response, the Standards Council of Canada (an organization that works to ensure accreditation/conformity assessment bodies meet the highest national and international standards against nationally and internationally recognized standards), the Health Standards Organization (an organization that develop standards, assessment programs and quality improvement solutions), and the Canadian Standards Association Group (CSA, an organization that develops standards in testing, inspection and certification) collaborated to develop two new complementary national standards for long-term care that “would be shaped by the needs and voices of Canada’s long-term care home residents, workforce, local communities, as well as broader members of the public” (Health Standards Organization, [draft](#) CAN/HSO 21001:2023 Long-Term Care Services).

National standards for long-term care were released in 2022 and reflected recommendations made by York Region

In February 2022, staff made a [submission](#) to the Health Standards Organization on the first of two then-draft national standards ([April 2022](#)). This submission was endorsed by Council without

changes on [April 28, 2022](#). In April 2022, staff made a subsequent [submission](#) to the Canadian Standards Association Group on the second then-draft national standards ([May 2022](#)). This submission was also endorsed by Council without changes on [April 28, 2022](#).

Subsequently, the Canadian Standards Association Group released the new national Long-Term Care Home Operations and Infection Prevention and Control standard in December 2022 ([CSA Z8004:22](#)) and Health Standards Organization released the new national Long-Term Care Services standard in January 2023 ([CAN/HSO 21001:2023](#)).

Many of the comments and recommendations made by the Region were reflected in the final versions of the national standards:

- Of the 16 comments in the [submission](#) to the Health Standards Organization, 15 were successfully reflected in the final standard
- Of the 92 comments in the [submission](#) to the Canadian Standards Association Group, 84 were successfully reflected in the final standard

Throughout July to September 2023, the federal government held consultations on the development of a *Safe Long-Term Care Act*

In [January 2023](#), Federal Ministers of Health and Seniors announced they would move forward with consultations and engagement with stakeholders and Canadians on the development of a *Safe Long-Term Care Act*, and on July 21, 2023, Health Canada released a public online [consultation](#) to inform its development with feedback due by September 21, 2023. The content of this consultation reflects recommendations the Region made in its [submission](#) to the independent Ontario Long-Term Care COVID-19 Commission ([January 2021](#)) calling on the federal government to do the following:

- Address shortcomings in the long-term care system, including funding for human resources and infrastructure
- Consider national standards for the LTC sector (staffing levels, training, and infrastructure) using the model of the *Canada Health Act*, with new federal dollars tied to national standards

In addition to developing legislation, the federal government is continuing to support seniors more broadly. In October 2022, the federal government announced that the [National Seniors Council](#) would serve as an expert panel to examine measures, including a potential aging-at-home benefit, to support Canadians who wish to age at home.

4. Analysis

The long-term care landscape in Canada lacks standardization, with variations in ownership types and accreditation standards across the country

The long-term care sector is currently outside the scope of the federal *Canada Health Act*, with provinces and territories being primarily responsible for delivering health care, including how:

- Services are delivered
- Long-term care homes are regulated
- The workforce is managed and compensated

As such, each province and territory:

- Has its own legislation and regulations
- Offers a variable range of long-term care services
- Determines whether to complement their legislation and regulation with voluntary or mandatory accreditation (it is mandatory in Alberta, Quebec, Manitoba, Saskatchewan, Newfoundland and Labrador)
- Has a variety of ownership types (not-for-profit, private-for-profit or publicly owned). For example, 88% of long-term care homes are publicly owned in Québec, while 57% are private-for-profit homes in Ontario

A *Safe Long-Term Care Act* could outline a pan-Canadian vision and principles for the safe operation and delivery of care in long-term care homes

Health Canada's [discussion paper](#) outlines that the proposed *Safe Long-Term Care Act* would aim to create a pan-Canadian vision and set of principles for long-term care, reflect the new national standards and encourage (not mandate) provinces and territories to adopt them. Examples of actions that could be supported by Health Canada through a *Safe Long-Term Care Act* are:

- The creation of a framework and action plan on long-term care that focuses on themes such as training and education, public awareness, data collection and research, and promising practices
- Building on existing long-term care indicators to add new measures or use different systems. This could help to tell a national story about long-term care through regular reporting that highlights promising practices and improvements
- Developing a mechanism to identify promising practices in one part of Canada and replicate those in other areas

In its discussion paper, Health Canada states that it is committed to working “collaboratively with provinces and territories to improve the quality, safety and availability of care in long-term care

homes.” The proposed *Safe Long-Term Care Act* will aim to focus on results and accountability to people in Canada and reflect the shared responsibility of all levels of government with respect to the well-being of older adults and persons with disabilities.

The Region’s submission was supportive of the proposed *Safe Long-Term Care Act* and made recommendations that built on the Region’s previous advocacy to improve policy planning and decision-making for long-term care

To prepare a comprehensive submission to Health Canada, staff consulted with Seniors Services Staff, People, Equity and Culture and York Region Public Health for input on what federal long-term care legislation should address. Additionally, staff sought feedback from sector organizations including Association of Municipalities of Ontario, local Ontario Health Teams, the Ontario Long-Term Care Association, AdvantAge Ontario, and Ontario Long-Term Care Clinicians, through the Homes’ Medical Director, on their planned submissions to Health Canada.

The Region’s submission to Health Canada included 16 recommendations, with the main recommendations being:

- Create a national framework and action plan for long-term care based on standardized data on those who live and work in the homes and funding to make evidence-based system improvements
- Establish a fair and standardized funding formula for long-term care services, covering each long-term care home’s total direct operating costs (future compliance, design, building construction and maintenance costs)
- Develop staffing solutions, including providing competitive remuneration, support for micro credentialing (including trainees working as aides while pursuing their licence), paid professional development education and replacement staff (such as backfilling) and national sick pay for health care workers with infectious disease signs/symptoms

5. Financial Considerations

Compliance with new federal legislation and national standards would require funding and provincial support ahead of implementation

Table 1 shows how much the Region subsidizes the costs of operating and maintaining its Homes with contributions from both the [Federal](#) and Provincial governments as a result of the COVID-19 pandemic ([June 2023](#)):

Table 1
2022 Costs and Revenues

| Gross Operating Costs | \$ in million | % of total gross operating costs |
|--|---------------|----------------------------------|
| Long-term care operating costs | \$39.5 | 68.6% |
| Allocated corporate support costs* | \$5.1 | 8.9% |
| Sub-Total | \$44.6 | 77.5% |
| COVID-19 operating and allocated support costs | \$13.0 | 22.5% |
| Total Gross Operating Costs | \$57.6 | 100.0% |
| Revenue | \$ in million | % of total revenues |
| Fees and Services** | \$5.4 | 9.4% |
| Provincial Subsidy | \$18.2 | 31.6% |
| York Region Net Tax Levy | \$17.5 | 30.4% |
| Sub-Total | \$41.1 | 71.4% |
| COVID-19 Provincial Subsidy*** | \$16.5 | 28.6% |
| Total Revenues | \$57.6 | 100.0% |

*Allocated corporate support costs include administrative and departmental resources, such as finance, allocated to the long-term care budget.

**Fees and services include resident contributions and other sources of revenues, such as donations.

*** Primary source of Provincial Subsidy is the COVID-19 Prevention and Containment funding. This ended on March 31, 2023.

The Region continues to benefit from provincial investments to support the Homes' compliance with the requirements of the *Fixing Long-Term Care Act, 2021* ([April 2023](#)). Despite the province's commitment to additional funding, the Region's subsidy through net tax levy will likely continue to increase as the Homes' work towards compliance with new legislated requirements and quality improvements.

While Health Canada states in its discussion paper that it "won't mandate standards or regulate long-term care delivery," the federal government is interested in fostering the implementation of the new national long-term care standards. Fulfilling the requirements of the national standards would require

additional funding, as they would build on the current *Fixing Long-Term Care Act, 2021*, the [Long-Term Care Home Design Manual 2015](#), and the Commission of Accreditation of Rehabilitation Facilities standards. For example, the Homes would not currently meet the following national standards as they are over and above the current requirements long-term care homes in Ontario are required to meet:

- The Health Standards Organization’s Long-Term Care Services ([CAN/HSO 21001:2023](#)) standard includes requirements for home leaders to demonstrate that the number and skill mix of the workforce is evidence-informed to enable team-based care. In the guidance, it states that “evidence indicates that long-term care home residents require 4.1 hours of direct care per day.” To meet the 4.1 hours of direct care requirement would require an additional 4.5 full-time equivalent staff
- The Canadian Standards Association Group’s Long-Term Care Home Operations and Infection Prevention and Control ([CSA Z8004:22](#)) standard includes the following recommendations, which are not part of the current [Long-Term Care Home Design Manual 2015](#):
 - A single-bedded room to be incorporated into each resident Home Area to be designed as an airborne isolation room

Status: Our Regional long-term care homes do not have airborne isolation rooms. Staff have not undertaken an analysis of the financial costs to include an airborne isolation room on each Home Area of the Region’s long-term care homes.
 - Each resident bedroom is to have a dedicated three-piece washroom

Status: The resident washrooms in our Homes are two-piece and the Region would incur substantial retrofit costs to meet this recommendation.
 - The laundry room to resemble a small lounge or café-style laundromat where residents can socialize and visit with each other or essential family caregivers, family, and friends

Status: The laundry rooms are not in this style as residents do not do their own laundry, unless a family member requests to do their loved one’s laundry.

The long-term care sector is outside the scope of the *Canada Health Act*, falling under provincial jurisdiction (the *Fixing Long-Term Care Act, 2021* in Ontario). A new *Safe Long-Term Care Act* could change the vision and principles for the safe operation and delivery of care in long-term care homes across Canada. Though Health Canada states in its [discussion paper](#) that it “won’t mandate standards or regulate long-term care delivery,” the *Safe Long-Term Care Act* could aim to encourage provinces and territories to adopt the national standards. If they become effective, these national standards would apply universally, regardless of ownership type (not-for-profit, municipal or privately run homes). Any consequences for not adhering to the new national standards are currently unknown. Ontario’s Ministry of Long-Term Care is reviewing the national standards and has expressed it has no interest in any guideline that would “water down the very high standards that Ontario has put in place with the *Fixing Long Term Care Act*” (Minister for Long-Term Care, [January 31, 2023](#)).

Adhering to national standards would require additional funding, building on existing mandatory provincial legislation and voluntary accreditation standards. Seniors Services continues to find ways to work efficiently with and leverage resources through community, provincial and federal partners.

6. Local Impact

Federal investment in long-term care would provide the Province with more funding to support the delivery of long-term care services in Ontario. Additional information is needed to assess the potential impact of the federal legislative changes, once enacted, on the Region's two homes and their residents.

7. Conclusion and Next Steps

A *Safe Long-Term Care Act* would promote improvements in the quality, safety and accessibility of long-term care for all Canadians. The success of implementing any national legislation and standards will depend on how issues related to legislation, regulation, funding, resources and accountability are resolved. Staff will continue to monitor the development of a *Safe Long-Term Care Act* and implementation of national standards.

For more information on this report, please contact Lisa Gonsalves, General Manager at 1-877-464-9675 ext. 72090. Accessible formats or communication supports are available upon request.



Recommended by:

Katherine Chislett
Commissioner of Community and Health Services



Approved for Submission:

Erin Mahoney
Chief Administrative Officer

September 29, 2023

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Appendix A – York Region's Submission to Health Canada

YORK REGION'S SUBMISSION TO HEALTH CANADA

PART 1: CULTURAL SAFETY IN LONG-TERM CARE FOR FIRST NATIONS, INUIT AND MÉTIS PEOPLES

Health Canada's Preamble

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (First Nations Health Authority 2021). The first hand experiences of Indigenous Peoples demonstrate an urgent need to address anti-Indigenous racism in health care systems and provide access to health care services that are culturally-safe and appropriate. Recent Indigenous engagement activities have pointed to various measures to improve long-term and continuing care services for Indigenous Peoples, such as:

- recruiting and retaining more Indigenous care providers
- incorporating traditional medicines, foods and ceremonies
- increasing access to services within Indigenous communities

Survey Question 1: Based on your knowledge and experiences, what does it mean to support culturally safe and appropriate long-term care services for First Nations, Inuit and/or Métis Peoples?

York Region's Response

The Regional Municipality of York is committed to a welcoming and [inclusive community where diversity is celebrated](#) and where everyone can develop to their full potential, participate freely in society and live with respect, dignity and freedom from discrimination.

Indigenous inclusion is about creating environments that foster relationship-building and a space to explore, heal, communicate and learn from the wrongs of the past. To do this, Indigenous Nations and their worldviews must be respected, Indigenous cultures must be celebrated, and our shared and oppressive history must be acknowledged.

PART 2: QUALITY AND SAFETY OF LONG-TERM CARE

Health Canada's Preamble

In most cases, provincial and territorial governments are primarily responsible for organizing and delivering long-term care. This includes:

- How services are delivered
- How long-term care homes are regulated
- How the workforce is managed and compensated

The federal government (Health Canada), however, can support improvements in long-term care, through actions such as:

- Convening partners for collective action
- Investing in research and data collection
- Promoting the sharing of promising practices
- Providing funding to provinces and territories or other partners

Survey Question 2: How should governments and stakeholders cooperate to improve the quality and safety of long-term care?

York Region's Response

Convening partners for collective action

As an upper-tier municipality in Ontario operating two municipal long-term care homes (Newmarket Health Centre and Maple Health Centre) with a total of 232 beds, collaboration across all levels of government is fundamental to finding the optimal solutions to support improvements in long-term care.

Recommendation #1: Health Canada should create a national long-term care advisory body that includes sector organizations, leading experts, long-term care operators and resident and family representation. The responsibilities of this advisory body should include the following:

- 1) Create a framework and action plan for long-term care
- 2) Develop a national methodology for quality and data indicators selected for any Pan-Canadian report (such as a standard calculation for direct hours of care per resident per day, direct costs of a long-term care bed per day)
- 3) Create, maintain and promote a repository of best practices and shared learnings (such as emotional models of care and critical incidents)

- 4) Research, develop and create a list of ‘never events’ for long-term care homes focused on delivering quality and safe care to residents (Never events are patient safety incidents that result in serious patient harm or death, and that can be prevented by using organizational checks and balances. See [Healthcare Excellence Canada](#))
- 5) Conducting post-pandemic research and reports on: 1) How did inadequate data on long-term care home quality of care, resident and staff quality of life and their social determinants of health, and staffing contribute to outbreaks? 2) How did failure to support staff with a living wage and sick benefits contribute to pandemic morbidity and mortality? 3) Are long-term care homes and their workforce prepared for the next public health emergency?

Investing in research and data collection

The quality and safety of long-term care begins with assessment tools and models of care that support seniors to optimize their quality of life. Research and data collection should facilitate homes to conduct a comparative analysis of quality indicators (such as by resident acuity, size of home).

Recommendation #2: Health Canada should invest in a standardized suite of assessment tools for all long-term care homes that align with legislation and best practice guidance (including accreditation standards and/or national standards).

Recommendation #3: Health Canada should use knowledge from Pan-Canadian reporting, promising practices and best practice guidance to make system improvements that includes providing targeted funding through the provincial and territorial governments to long-term care homes to make those changes.

Promoting the sharing of promising practices

There are many examples of best practice guidelines for the long-term care sector (such as those offered by [Registered Nurses Association Ontario \(RNAO\)](#), [Institute for Safe Medication Practices \(ISMP\)](#) and [Ontario Centres for Learning, Research and Innovation \(CLRI\) in Long-Term Care](#)).

Recommendation #4: Health Canada must facilitate and encourage long-term care homes to share, adopt and develop promising practices and best practice guidelines through providing required resources and funding.

Recommendation #5: Health Canada must facilitate and encourage provinces and territories to implement emotional models of care (including (re)developing the infrastructure of homes that support the spread and scale of campuses of care).

Recommendation #6: Health Canada must facilitate and encourage shared learnings on critical incidents (such as alerting the sector on issues with equipment and medication).

Providing funding to provinces and territories or other partners

Currently, York Region subsidizes the cost of operating its two municipal long-term care homes with tax levy funding, paying 30.4% of the total cost of care in 2022 with the provincial subsidy paying 31.6% and residents' fees and service charges making up the remaining 9.4%. The remaining \$16.5 million (28.6%) was met through COVID-19 Provincial Subsidy which ended March 31, 2023.

Recommendation #7: Health Canada must work with provincial and territorial governments to establish a fair and standardized funding formula for long-term care service delivery across Canada that results in each province or territory receiving sufficient funding to provide each of its long-term care homes with:

1. The full direct costs of operating a long-term care home
2. The direct cost of compliance with the *Safe Long-Term Care Act* and associated national standards
3. The costs to implement the capital changes required to support the *Safe Long-Term Care Act* and associated national standards
4. An additional quality attainment premium for those Homes that comply – through accreditation – with the national standards
5. Financial remuneration for staff who obtain micro credentialing
6. Full funding for the design, building construction and maintenance of long-term care homes in Canada
7. Full funding for medical services and pharmacy provider services in the Homes
8. Targeted funding for recruitment and retention of staff in the long-term care sector

PART 3: ABILITY TO MEET THE NATIONAL LONG-TERM CARE STANDARDS

Health Canada's Preamble

The independent long-term care standards released in January 2023 by [CSA Group](#) and the [Health Standards Organization](#) highlight the importance of the following 3 actions:

1. Putting long-term residents at the centre of care (for example, by upholding long-term care residents as active participants and decision makers in their care)
2. Enabling a healthy and competent workforce (for example, by ensuring appropriate skill mix and staffing levels)
3. Supporting the quality and safety of long-term care (for example, by designing facilities that enable quality of life, ensuring robust oversight and accountability, etc.)

Survey Question 3: How can governments and stakeholders cooperate to help foster the implementation of the new national long-term care standards?

York Region's Response

Putting long-term care residents at the centre of care

The COVID-19 pandemic highlighted longstanding issues in the long-term care sector that had and continue to impact the Region's Homes. In 2020, the Ministry of Long-Term Care in Ontario appointed an independent Long-Term Care COVID-19 Commission. York Region strongly advocated for transformative change in its [submission](#) to the Commission ([January 2021](#)) and subsequent [analysis](#) of the Commission's [Final Report](#), which advocated for [urgent action](#) by the Province ([October 2021](#)). While several of the Commission's recommendations have been implemented through the introduction of the *Fixing Long-Term Care Act, 2021* and its General Regulation, many remain outstanding.

Recommendation #8: Health Canada must work with provincial and territorial governments to:

- Provide a fully integrated health care system supported by a fully digital reporting system
- Ensure residents have a right to access information and communications technology in their long-term care home. This includes access to reliable Wi-Fi and the use of technology, such as computer tablets and smartphones that promote a resident's connection with those outside the home or other technology that supports their care plan.
- Ensure all residents have access to interpreting services 24/7

Enabling a healthy and competent workforce

Lack of national data on the health workforce hampered pandemic efforts in long-term care. Implementing and monitoring national standards as well as responding to future outbreaks, epidemics or pandemics of infectious disease cannot be achieved without this data.

Recommendation #9: Health Canada must require each province and territory to complete a standardized workforce survey that gathers demographic information about staff, staff experience of long-term care, sick pay provisions, and where appropriate their input or feedback on system solutions and improvements.

The wage gap between hospital and community sectors continues to be a significant concern in health human resources. Staff retention and recruitment and a cross-sectoral plan would be integral to stabilization and safety of long-term care across the country.

Recommendation #10: Health Canada needs to work with provincial and territorial governments to establish staffing solutions that do not 'pit' parts or roles within the health care system against one another (examples of this in Ontario include wage disparity between acute care and long-

term care and wage enhancements for personal support workers without wage enhancements for other roles such as nurses).

Supporting the quality and safety of long-term care

Our two long-term care homes are voluntarily accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). The Region made submissions to both the Health Standards Organization and the Canadian Standards Association Group on their then-proposed national standards (Region's [submission](#) to the Health Standards Organization and [submission](#) to the Canadian Standards Association Group). Our report and submissions outlined some of the challenges with implementation of the national standards such as:

- Funding (operational) to support the evidence that indicates that long-term care home residents require 4.1 hours of direct care per day
- Funding (capital) to support infrastructure changes such as each resident bedroom having a dedicated three-piece washroom and a laundry room that resembles a small lounge or café-style laundromat

These requirements build on the current requirements in Ontario (*Fixing Long-Term Care Act, 2021* and [Long-Term Care Home Design Manual 2015](#)) and the voluntary Commission of Accreditation of Rehabilitation Facilities (CARF) standards.

Recommendation #11: The federal government should consider mandating all long-term care homes receive accreditation. This mandate should come with:

- A roadmap for long-term care homes to work towards accreditation that includes timelines, targeted funding and resources (such as support for homes to complete a gap analysis)
- An independent accreditation process (the third-party accrediting bodies must not depend on funding from the organizations it accredits)
- The ability for long-term care homes to choose their accrediting body from among the available providers

Recommendation #12: Health Canada should facilitate and encourage provincial and territorial governments to have standardized inspection programs that are consistent with resident-centred care, focus on quality improvement and offer resources to implement and review improvement strategies before punitive measures are enforced.

PART 4: OPPORTUNITIES TO ADDRESS HEALTH HUMAN RESOURCES CHALLENGES IN LONG-TERM CARE

Health Canada's Preamble

Having a healthy and competent long-term care workforce is central to the quality and safety of long-term care. Throughout the COVID-19 pandemic, this largely female and disproportionately racialized workforce did essential and heroic work, often at great personal cost.

[During the height of the COVID-19 pandemic, most long-term care homes in Canada reported staff shortages that impacted the quality of resident care.](#) While the World Health Organization has ended the global COVID-19 emergency, long-term care homes continue to experience staff shortages.

Survey Question 4: How can governments and stakeholders cooperate to address health human resources challenges in long-term care, including staff retention and recruitment?

York Region's Response

The province of Ontario has a long-term care staffing plan and it is working towards four hours of direct care per resident per day by March 31, 2025 ([Ontario's Long-Term Care Staffing Plan, 2021-2025](#)).

Recommendation #13: Health Canada needs to work with provincial and territorial governments to attract and retain individuals to the long-term care sector to develop and or implement their staffing plans for long-term care, such as:

- Continuing to work on policies and programs that make it easier for health care workers to work across Canada, regardless of the province where they were originally licensed
- Making long-term care remuneration competitive with other health care sectors (such as acute care) and include remuneration for micro credentialing (including trainees working as aides while pursuing their licence)
- Regulating agency health care organizations and workers (such as wage caps, required education and training and inspections)
- Supporting the licensing of personal support workers to improve accountability and education standards
- Establishing a national sick pay for health care workers with signs/symptoms of infectious disease

- Providing all those that work in long-term care standardized training and education on topics such as compliance, mandatory reporting, personal protective equipment, infection prevention and control
- Implementing paid professional development education and replacement (such as backfilling) for registered staff and home leadership to attend enhanced training in gerontological care ([Ontario Nurses Association, 2020](#))

PART 5: PUBLIC REPORTING ON LONG-TERM CARE

Health Canada's Preamble

Measuring and publishing performance data contributes to transparency and strengthens accountability. The *Safe Long-Term Care Act* could build on existing long-term care indicators (example: [Canadian Institute for Health Information measures](#)) to add new measures or use different systems (example: [United States 5-star ranking](#)). This could help to tell a national story about long-term care through regular reporting (example: [The State of Canada's Forests Annual Report](#)) that highlights promising practices and improvements.

Survey Question 5: How should we enhance public reporting on long-term care to strengthen transparency and accountability in the sector?

York Region's Response

To enhance transparency and accountability in the long-term care sector, public reporting must be balanced and well-aligned with the [Quadruple Aim](#), an internationally-recognized framework that designs and delivers an effective healthcare system.

Recommendation #14: Health Canada should create one public reporting site where standardized information (including inspection reports, quality indicators, survey reports) about all long-term care homes can be accessed.

Any national quality reporting framework needs to use existing provincial/territory and other required reporting (such as the Canadian Institute for Health Information) and prevent duplication and administrative burden on operators.

Survey Question 6: What type of information would you like to see in a Pan-Canadian public report on long-term care?

York Region's Response

Recommendation #15: A Pan-Canadian public report on long-term care should contain information that allows:

- Homes to benchmark themselves against comparable homes (such as similar resident profiles, size, operating model)
- Health Canada, provincial and territorial governments to target funding and resources to improve quality, safety and care in long-term care homes
- Residents, caregivers and their loved ones to make informed decisions about their application to a long-term care home and focus on indicators that align with the [Quadruple Aim](#):
 - Improve the resident and caregiver experience
 - Improve the health of populations
 - Reduce the per capita cost of health care
 - Improve the work life of providers

PART 6: ADDITIONAL THOUGHTS

Health Canada's Preamble

Survey Question 7: Please share any additional thoughts you have on long-term care

York Region's Response

Recommendation #16: Health Canada should work with provincial and territorial governments to identify and establish service system managers for seniors' care to better coordinate, integrate and improve access to long-term care and the other important health and social care services available in the currently fragmented seniors' services sector.

The Region has been [advocating](#) for the province to take leadership to drive system improvements in long-term care while also recognizing the importance of addressing gaps across a broader continuum of health and social programs and services that can support people to age in place in their own homes and communities. Our engagements with seniors, pre-seniors, caregivers and seniors-serving organizations to [renew](#) the Region's plan to support seniors, highlighted that seniors want to age in the right place for their needs, circumstances and preferences. They also value preventative services to delay or avoid moving into long-term care.

While integrated systems are considered ideal, currently, there is no overarching coordinating body with the responsibility to fund, plan, and improve seniors' services across a continuum of need. Services that support seniors' health and well-being are the responsibility of different levels and branches of government, service provider networks and often siloed in nature. Consequently, the delivery of programs and services is fragmented across health care, home and community care, long-term care, and municipal and regional programs. In contrast, ["service](#)

[system managers](#)” who oversee the planning, managing, funding and eligibility criteria for social services as seen with children’s services, social housing, income support, and homelessness programs in Ontario, can provide better navigation and access to available supports across a range of independent yet often interconnected and mutually beneficial services and supports. A similar service system manager role should be created for seniors. Organizations identified to take on this role should be supported with sufficient resourcing and funding.

To meet the growing and evolving needs of diverse seniors in York Region, and those who support them will require innovation and collaboration across different levels of government and other key stakeholders within the broader senior’s health and social care continuum, of which long-term care is an important component.

Due to the summer recess, the Regional Municipality of York’s Council has yet to review this staff submission. Council will be reviewing the submissions in October 2023 and any additional commentary they provide will be forwarded to Health Canada.